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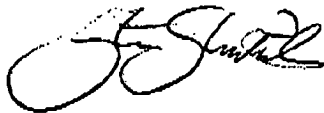
Fax Transmittal

Date: 12/20/04
Sent By: Steve Shattil
To: Christina Leung
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Fax Number: 703 872-9306
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Message:

I hereby certify that the attached reply to the Office Letter mailed on May 20, 2004 was timely filed, as attested to by the enclosed Certificate of Transmission/Mailing and the attached fax report.



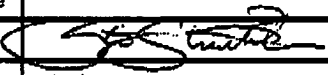
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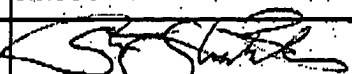
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/703,202	
	Filing Date	10/31/2000	
	First Named Inventor	SHATTIL, Steve J	
	Art Unit	2633	
	Examiner Name	Leung, Christina Y.	
Total Number of Pages in This Submission	22	Attorney Docket Number	WIM 001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Response to Requirement for Restriction mailed 06/20/2004		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Steven J Shattil
Signature	
Date	06/17/2004

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Steve J Shattil
Signature	
Date	06/17/2004

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Appn. Number: 09/703,202

Filing Date: 10/31/2000

Applicant: Shattil, Steve

Docket No. WIM001

Examiner: Leung, Christina Y.

GUA: 2633

Appn. Title: "Method and Apparatus for Using Multicarrier Interferometry to Enhance Optical Fiber Communications"

Faxed 2004, June 17

Boulder, CO 80303

Commissioner for Patents

703-872-9306

Sir:

In response to the Office Letter mailed on May 20, 2004, Applicant respectfully elects claims in Group II, Embodiment 1: claims 5-8; 16 and 49-56; and 18 and 57-64.